	_	Approved for use through at and Tradamark Office; U.S. Of	PTO/SB/ZZ (12-04) 07/31/2006. OMB 0851-0031 EPARMENT OF COMMERCE	:
Under the paperwork Reduction Act of 1995, no persons are require	U.S. Pater d to respond to a collection	of information unless if display	s a valid OMB control number.	1
PETITION FOR EXTENSION OF TIME UNDER 37	CFR 1.136(a)	Docket Number (Optional)	305	
EV 3005		61990	070	4
(Fees pursuant to the Consolidated Appropriations Act, 20		Filed Hori	8,2002	<del>}</del> .
Application Number /0/0/8/6/2	Polynicleotic	le-from Mora	Xella Catorchal	4
For BASBII POLYPERTIAL WITE	10197102	Examiner 505/	ar, P	RECEIVED
Art Unit 1695  This is a request under the provisions of 37 CFR 1.136	a) to extend the peri	od for filling a reply in the	above identified CEN	TRAL FAX CENTER
This is a request under the provisions of the application.		and enter the appropriate	fee below):	
application. The requested extension and fee are as follows (check	Fee	Small Entity Fee	+	EB 1 6 2005
(07.05B.1.17(pV1))	\$120	\$60	\$	ļ
One month (37 CFR 1.17(a)(1))	\$450	\$225	\$	
Two months (37 CFR 1.17(a)(2))	\$1020	\$510	s 1020	
Three months (37 CFR 1.17(a)(3))		<b>\$</b> 795	\$ <del></del>	ļ
Four months (37 CFR 1.17(a)(4))	\$1590	\$1080	s	
Five months (37 CFR 1.17(a)(5))	\$2160	<b>\$1000</b>	<u> </u>	
Applicant claims small entity status. See 37 CFR	1.27.			
A check in the amount of the fee is enclosed	<b>.</b>			
= 8 by gradit card. Form PTO-2038 is	attached.			
	charge fees in this	application to a Depu	sit Account.	
boroby authorized to charge	any fees which ma	y be required, or cred	it any overpayment, to te conv of this sheet.	<b>5</b>
The Director is hereby authorized to charge any fees which may be required, of displaced and policy of this sheet.  Deposit Account Number 50.2189 I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this form.  WARNING: Information and authorization on PTO-2038.				
WARNING: Information on this form may become public. Credit data in the Warning of the Warning o				
Provide disease to				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record.	Registration Numb	er <u>33,7///</u>		
under 37 (	CFR 1.34.			
Registration number if acting u	nder 37 CFR 1.34		سے مر ، ا	
Och S. Ryan_			Date	}
Signature		202.2	16.05 Date -61.3375	1
John W. R. Yan		Tele	phone Number	
Typed or printed name	e . Income de Drois m	resentative(s) are required. Sub	omit multiple forms if more that	n ane
NOTE: Signatures of all the inventors or assignees of record of the signature is required, see below.				1
Total ofform	s are submitted.	blain or relain a benefit by the p	ubile which is to file (and by the	
complete, including gardening to complete this form and/or suggestions to the MA 22312-1450 DO NOT SEND FEES OR COMPLETED				
comments on the amount of time you can be sufficient of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450.  U.S. Patent and Trademark Office. U.S. Department of Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.  FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.				

if you need assistance to completing the form, call 1-800-PTO-9199 and select option 2.